



Customer Credit Application

Return to customer@uslfreight.com or fax to 888.854.2272

US Logistics Agent You Spoke To: _____

Company Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ DUNS#: _____

Year company est'd: _____ Line of Credit Requested: _____

Type of freight (steel, produce, etc.): _____

Other shipment details: _____

Paperwork Requirements: _____ BOL _____ POD _____ REF# _____ Delivery Order

Preferred Invoice Delivery: _____ Email _____ Fax _____ Mail

Email/Fax/Address to Send to: _____

Special Billing Requirements: _____

AP Contact Name: _____ Phone: _____

Fax: _____ Email: _____

Transportation References

Reference 1: _____ Phone: _____ Email: _____

Reference 2: _____ Phone: _____ Email: _____

Reference 3: _____ Phone: _____ Email: _____

Bank Name: _____ Phone: _____

Contact: _____ Acct#: _____

The company agrees to credit terms of PAYMENT UPON RECEIPT of invoice but no longer than 30 days. The company agrees to pay any collection costs incurred to collect account balance, including court costs, collection fees and attorney fees. The company agrees to allow US Logistics to run a credit background check and verify all information on this application with any listed parties. The company confirms that all information on this application is accurate. Warranty of attorney to confess judgement: The makers(s) and endorser(s) hereof hereby authorize any attorney at law to appear in any court of record of the State of Ohio or any other State in the United States at any time payments under this agreement or any extension of renewal hereof become due whether by acceleration or otherwise, and to waive the issuing and service of process and confess a judgement in favor of lessor against customer for the amount then appearing due under this agreement, together with costs of suit and to release all errors and waive all right of appeal.

By: _____ Date: _____

Printed Name: _____ Title: _____